

**STATE OF SOUTH CAROLINA****(Caption of Case)**

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Request to Reinstate Class C Taxi Certificate

S & J Expressway Taxi, Inc.

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

**TRANSPORTATION COVER SHEET**

**DOCKET**

**NUMBER: 2001 - 424 - T**

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

**Submitted by:** John Rubinsak

**Telephone:** 843-686-3333

**Address:** P.O. Box 7712  
Hilton Head, SC 29926

**Fax:**

**Other:**

**Email:**

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

**NATURE OF ACTION (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input checked="" type="checkbox"/> Request for Reinstatement   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

## CLASS C REINSTATEMENT FORM

<b>File the original with:</b>  <b>Public Service Commission of South Carolina</b> <b>Docketing Department</b> <b>Motor Carrier Matters</b> <b>P.O. Box 11649</b> <b>Columbia, S.C. 29211</b> <b>(803) 896 - 5100</b> <b>FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff</b> <b>Transportation Department</b> <b>1401 Main Street, Suite 900</b> <b>Columbia, S.C. 29201</b> <b>(803) 737-0578</b> <b>FAX (803) 737-0815</b>
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DATE: 9-11-08

Please consider this an application for Reinstatement of my Class C:

- ☒ (Taxi) Certificate  
☐ Charter Certificate  
☐ Charter Bus Certificate  
☐ Non-Emergency Certificate

My Certificate Number is 7177. My certificate was revoked/cancelled on 8/22/08  
because of failure to turn in a 2007 Annual Report on time  
(\*) seek re-certification because I will now request  
extensions if unable to turn in future Annual Reports when due

\* S&J Expressway Taxi, Inc DBA N/A  
(Name of Company) (If applicable)

\* PO Box 7712  
(Street Address)

↔ \* 25 DeAllyn Ave. Unit #116 HHI, 299  
(Mailing Address if different from Street Address)

\* Hilton Head Island, SC  
(City, State, Zip Code) 29938

\* John A. Robinson  
(Signature)

\* 843-785-4737  
(Telephone Number)

\* Owner  
(Title)

# Transportation CARRIER ANNUAL REPORT

**CLASS C - TAXI - CHARTER - NON-EMERGENCY**

# **S & J Expressway Taxi, Inc.**

**Exact Legal Name of Respondent****PSC/ORS Number (leave blank)****FOR THE YEAR ENDED 2007**

**[x] Calendar Year Ending December 31, 2007**

**01**

**[ ] Fiscal Year Ending** \_\_\_\_\_



**Company Officers**

Title of Officer	Name of Person Holding Office
President	John Rubinsak
Vice President	Shannon Quist
Secretary	
Treasurer	
Gen. Manager or Supt.	Amy Poleski

**Contact Information (if different from above)**

Contact Name:	John Rubinsak		
Title:	Owner		
Street Address:	23 DeAllyn Ave Unit #116		
City:	Hilton Head Island	State:	SC Zip: 29928
Telephone Number:	843 785-4737	E-mail:	rubinsak@yahoo.com

STATE OF SOUTH CAROLINA  
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
AND OFFICE OF REGULATORY STAFF  
TRANSPORTATION CARRIERS ANNUAL REPORT  
(For Class C - Taxi, Charter, & Non-Emergency)  
FOR YEAR ENDING DECEMBER 31, 2007 OR FISCAL YEAR ENDING

CARRIER NAME S&J Expressway Taxi, Inc.  
STREET ADDRESS PO Box 7712  
CITY, STATE, ZIP CODE Hilton Head Island, SC 29938  
MAILING ADDRESS PO Box 7712  
CITY, STATE, ZIP CODE Hilton Head Island, SC 29938  
TELEPHONE NUMBER (AREA CODE) 843-686-3333  
FEDERAL IDENTIFICATION NUMBER [REDACTED]

Operating Revenues:

1. Total Revenues \$ 175,483

Operating Expenses:

2. Salaries and Wages \$ 23,659 (Money paid to employees)

3. Rent \$ 15,299 (vehicles, office)

4. Other \$ 84,160 (expenses that are not included in the other categories)

5. Total Expenses \$ 123,118

6. Net Operating Income (Loss) \$ 52,365 (line #1 minus line #5)

7. Insurance Co. Name/Policy No. Venture Specialty Insurance LLC /  
No. of Vehicles Insured: 2 TCP00000387

8. Dues and Fees Paid YES (✓) No ( ) No. of Vehicles 2  
(through June of Current Year)

**Affidavit**State of South CarolinaCounty of BeaufortI, John A. Rubinsak - owner of theS + J Expressway Taxi Inc. Company

hereby certify that the foregoing Annual Report was prepared by me or under my supervision, that I have examined it, and that the items herein reported on the basis of my knowledge are correctly shown.

John A. Rubinsak  
8-29-08Signature  
Date